

Email completed form to registrar@northeastern.edu
Phone: 617.373.2300 • Fax: 617.373.5351 • www.northeastern.edu/registrar

Directions

Please complete all the information below, including all required signatures, and then furnish copies to:

- The registrar of your *home* institution (where your degree is in progress)—failure to do this will result in the nontransference of credits and grades
- The registrar of the *host* institution (offering the course you wish to take)

Institution	Phone	Email
<input type="checkbox"/> Boston College, 140 Commonwealth Ave, Chestnut Hill, MA 02467	617-552-3300	studentservices@bc.edu
<input type="checkbox"/> School of the Museum of Fine Arts at Tufts, 230 The Fenway, Boston, MA 02115	617-627-2000	studentservices@tufts.edu
<input type="checkbox"/> Tufts Graduate School of Biomedical Sciences, 145 Harrison Ave, Boston, MA 02111	617-636-6767	gsbs@tufts.edu
<input type="checkbox"/> Viceroy/DECREE Consortium Partner Institutions		

If your institution is not listed above, you may take classes at Northeastern as a special student. Please complete the "Undergraduate Special Student Form" at www.northeastern.edu/registrar/forms.html. For graduate Special Student status, contact the [respective college](#).

Student Information

Legal Sex: Male Female Decline to Answer Citizenship: International on visa U.S. citizen
 Have you previously applied to or taken classes at Northeastern? Yes No

Social Security number/NUID _____ Date of birth (month day year) _____
 Decline to Answer

Name _____ Email _____

Local address _____

Home phone _____ Cell phone _____

Check one: Graduate student Undergraduate student
 Do you have a student loan or receive any other form of financial aid? Yes No

Student Signature _____ Date _____

Authorization of *home* registrar:
 Print Name _____ Signature _____ Date _____

Authorization of *home* advisor/college:
 Print Name _____ Signature _____ Date _____

Course Information

College/department of *host* university _____

Course title _____ Credit _____

Course number _____ Section number _____ CRN _____

Year _____ Fall Spring Summer 1 Summer 2 Full Summer
 Authorization to over-enroll class if class is full: Yes No—please contact

Authorization of *host* registrar:
 Print Name _____ Signature _____ Date _____

Authorization of *host* college/department:
 Print Name _____ Signature _____ Date _____

Office use only Registered date _____ New Student ID _____ Initials _____ Email